







Permit for Sale or Acquisition of Secondhand Building Fixtures

Name (Last, First, Middle)							Social Security Number			Date of Birth		
Driver's License	e #	State of Issue		Height	Weight	Hair Color		Eye Color	Sex		Race	
Address (Numeric and Street Name) City State Zip												
Cell Phone Number			Home Phone Number				Work Phone Number					
()		()			()				
Location of Sale or Acquisition							Date of Sale or Acquisition Time of Sale or Acquisiti			ale or Acquisition		
Detailed description of secondhand building fixtures sold or acquired:												